

## Inventor Information

Inventor One Given Name:: Anne  
Family Name:: Hover  
Name Suffix::  
Postal Address Line One:: 8721 Village Road  
Postal Address Line Two::  
City:: Playa Del Rey  
State or Province:: CA  
Country::  
Postal or Zip Code:: 90293  
City of Residence:: Playa Del Rey  
State or Prov. of Residence:: CA  
Country of Residence::  
Citizenship Country:: U.S.A.

Inventor Two Given Name:: Dr. Roy  
Family Name:: Sanders  
Name Suffix::  
Postal Address Line One:: 3611 Beach Drive  
Postal Address Line Two::  
City:: Tampa  
State or Province:: FL  
Country::  
Postal or Zip Code:: 33629  
City of Residence:: Tampa  
State or Prov. of Residence:: FL  
Country of Residence::  
Citizenship Country:: U.S.A.

Inventor Three Given Name:: Donald Martin  
Family Name:: Sturgeon  
Name Suffix::  
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City:: Wilmington  
State or Province:: DE  
Country::  
Postal or Zip Code:: 19803  
City of Residence:: Wilmington  
State or Prov. of Residence:: DE  
Country of Residence::  
Citizenship Country:: U.S.A.

Given name of Applicant::

Family Name::

Name Suffix::

Authority under 1.42::

Authority under 1.43::

Authority under 1.47::

Postal Address Line One::

Postal Address Line Two::

City::

State or Province::

Country::

Postal or Zip Code::

City of Residence::

State or Prov. of Residence::

Country of Residence::

Citizenship Country::

#### Correspondence Information

Correspondence Customer Number:: 00164

Telephone:: 612/339-1863

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#### Application Information

Title Line One::	Bone Fracture Support Implant
Title Line Two::	With Non-Metal Spacers (As amended)
Total Drawing Sheets::	5
Formal Drawings?::	Y
Application Type::	Utility
Docket Number::	A227.12-0055
Licensed US Govt. Agency::	
Contract or Grant Numbers::	
Secrecy Order in Parent Application?::	

#### Representative Information

Representative Customer Number:: 00164

Continuity Information

This application is a:: Continuation of  
> Application One:: 09/289,324  
Filing Date:: April 9, 1999  
Patent Number::  
which is a::  
>> Application Two::  
Filing Date::  
Patent Number::

Prior Foreign Applications

Foreign Application One::  
Filing Date::  
Country::  
Priority Claimed::

Assignee Information

Name:: DePuy Orthopaedics, Inc.  
Address line one:: 700 Orthopaedic Drive  
Address line two:: P.O. Box 988  
City:: Warsaw  
State or Province:: IN  
Postal or zip code:: 46581-0988